### SECRET

Voucher No. 3624 21 January 1960

MEMORANDUM FOR: Chief, Finance Division

027336 JAN 20,60

ATTENTION

Monetary Branch

SUBJECT

Disbursment by Treasury Check

1. It is kindly requested that a U. S. Treasury Check be drawn in favor of the company listed hereunder in the amount stated, which will be applicable to the contract or agreement shown. The contract number and invoice identification must appear on the check.

a. Check drawn in favor of: Edgerton, Germeshausen and Grier L.c.

b. Amount:

\$22,576.56

c. Contract Number:

TE-2191 Project 2684

d. Invoice Number:

52,53,54,55,60,61,64,65,68 and 69

e. Check to be dated:

25 January 1960

- 2. Pertinent documentation in connection with this classified transaction which has not been included in accordance with Comptrollers Instruction No. 32 the Office of the Comptroller, DPD-DD/P.
- 3. The payment requested is based on progress made by the Contractor to date and should be processed against General Ledger Account No. 138 titled "Disbursement of Appropriated Funds Chargeable to Confidential Funds Allotments Awaiting DCI Certification." The Allotment Symbol applicable to this request is 0328-0969-2283 (07.9) and the amount is chargeable to General Ledger Account No. 601.0.
- 4. The check should be dated as stated in paragraph 1 and mailed in the attached self-addressed envelope. If no envelope is attached, the undersigned should be contacted on extension 8737/8738 when payment is ready for disposition.

26JAN 1960 26JAN 1960 59,567,684 SIGNEA

25X1

Authorized Certifying Officer 21 January 1960

SECRET

## Standard Form No. 1002 Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0 Form prescribed by Comptroller General, U. S. Rentember 7, 1002

D. O.	Vou. No.	

Compartment, bureau, or establishment	Septen (Gen. Reg. No (Amended F	nber 7, 1950 5. 51, Supp. No. 11) Sebruary 20, 1952)	SER	VICES OTHER	THAN PE	ases a RSONAI		u. Vou. N	0		
THE UNITED STATES, Dr.,  Pages's Account No.  Edgerton, Germeshausen and Grier, Inc.  (Addres)  (Address)  (Address)  (City)  (Cost Per Dollars    (Cost Per Dollars	U. S										
THE UNITED STATES, Dr.,  Pages's Account No.  Edgerton, Germeshausen and Grier, Inc.  (Addres)  (Address)  (Address)  (City)  (Cost Per Dollars    (Cost Per Dollars	17 1	•	(Department	, bureau, or establishmen	t)			-	P	AID BY	
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TAS. VEGRS, Navada  (Addres)  (Addres)  (City)  (Cost)  (Cost)	To		Edgerto	n, Germeshaus	en and G	rier,	Inc.				
No. and Date of Delivery or Services  (Enter description, item number of contract or Federal supply Description of the Internation deemed necessary)  Discount Terms  Thyoles No.  \$11,306, 1,130, 3,720, 372, 2,461, 461, 464, 464, 464, 464, 464, 464,				(Payee)				-			
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Shipped from to Weight Government B/L No.  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date *Payee (This certificate not required when a like certificate is made by payee on attached bill or billio)  Per	Complete	}							ĺ		
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SIGN ORIGINAL Title	'ursuant to authori	ity vested in me,	certify that this account	is correct and proper f	or payment.					1	
SIGN ORIGINAL Title	Approved for \$				.+					161.	
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tid by { Check Nodated, 19, for \$ { on Treasurer of the United States in favor of payee named above.	,, ψ		, VII	, 19	Payee				Joe mani	~~ "TOAC"	

\*When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example:

'John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

†If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$\_\_\_\_\_\_", and over his official title.

Payee \_\_\_\_\_(Sign original only) Title

Standard Form No. 10 Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0

Form prescribed by Comptible General, U. S.
September 7, 1950
(Jen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

SERVICES OTHER THAN PERSONAL U. S. \_\_\_\_\_Contracting\_Officer\_\_\_\_\_\_(Department, bureau, or establishment) PAID BY Voucher prepared at \_\_\_\_\_\_ (Give place and date) Payee's Account No. THE UNITED STATES, Dr., To Edgerton, Germeshausen & Grier, Inc. (Address) (City) ARTICLES OR SERVICES UNIT PRICE AMOUNT (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Date of Delivery or Service No. and Date of **OUANTITY** Cost Dollars Cte. Discount Terms Month ending 31 July 1959 4,753.88 Direct Labor 1,626.b8 Materials & Services 422.71 Travel 57.80 Freight & Express PAYMENT: 76.|78 Other Direct Charges Complete 3,435,77 Burden Partial 933.57 G & A Final Use continuation sheet(s) if necessary \$11.306.59 Weight Government B/L No. Total Shipped from (Payee must NOT use this space) I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 9/23/59 \*Payer Adgerton, Germeshausen & Grier (Signature or initials) Contract No. | Project 2684-7F2197 Date 4/26 Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ \_\_\_\_\_ (Authorized Certifying Officer) SIGN ORIGINAL THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) RG 12 3 34 PM 53 Check No. \_\_\_\_\_\_\_ dated \_\_\_\_\_\_, 19 \_\_\_\_\_, for \$\_\_\_\_\_\_\_ for payee named above. Paid by Payee \_\_\_\_\_ \*When a voncher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$\_\_\_\_\_", and over his official title.

Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0

## Standard Form No. Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0 Rorm prescribed by Combitroller General, U. S. September 7, 1950 (Gen. Reg. No. 51, Supp. No. 11) Services Other The Province Other Purchases 1

	Date of		ARTICLES OR SEI	RVICES		UNIT	PRICE	AMOUN	NT
o. and Date of Order	Delivery or Service	(Enter description		ct or Federal supply schedule,	QUAN- TITY	Cost	Per	Dollars	c
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		11 11	7/12/59 7/19/59	1,080.00					
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I		11 11	7/26/59	324.42					1
1		Month "	7/31/59						
1		Total Dire	ct Labor	4,753.88					
		*Materials	& Services	1,626.08					
•		Travel		422.71					-
		Freight &	-	57.80					
		Other Dire	ct Charges	76.78					
	•	Burden	. ~ .	3,435.77					
		Total Dire	ct Costs					10,373.	<b>.</b> (
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# Standard Form No. Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0 Form prescribed by Compittoller General, U. S. Beptember 7, 1950 (Gen. Reg. No. 51, Supp. No. 11) Services Other The Property of the Prope

U. SContracting Officer	Sheet No2 of Bureau Voucher No52
(Department, bureau, or establishment)	•

No. and Date of Order	Date of Delivery or Service	(Enter description, ite and oti	ARTICLES OR SERV m number of contract her information deem	VICES t or Federal supply schedule, led necessary)	QUAN- TITY	UNIT	PRICE	AMOUN Dollars	T Cts.
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Standard Norm No. 19 Approved For Release 2008/2/11: ClA-RPDES-0052878000100170004-0  Comparing General, U. S.  PECIL VOUCHER FOR PURCHASES AND  PECIL COUCHER FOR PURCHASES AND  Contracting Officer.  (Gen. Lower States)  U. S.  Contracting Officer.  (Department, bareon, or establishment)  Voucher prepared at  (Give place and date)  THE UNITED STATES, Dr.,  Payee's Account No.  Payee's Account No.  (Addrese)  (Give place and date)  The UNITED STATES, Dr.,  Payee's Account No.  (Give place and date)  (Give place and date)  The UNITED STATES, Dr.,  Payee's Account No.  (Chayen States)  (Give place and date)  (Give place and date)  The UNITED STATES, Dr.,  Payee's Account No.  (Chayen States)  (Give place and date)  (Give place and date)  (Give place and date)  The UNITED STATES, Dr.,  Payee's Account No.  (Give place and date)  (Give place a	Standard Form	No. 10 Appro	ved For Releas	იიდ se 2008/12	7 DF	18#h)    -RDP65	1130 A -00523	R00010	01700	04-0		
U. S. Contracting Officer (Clev place and date)  Voucher prepared at  ((Clev place and date)  THE UNITED STATES, Dr.,  Payee's Account No.  CON / O Z  Payee's Account No.  (Clay)  (Clay)  (Clay)  (Controller, Inc. (Con / O Z  (Controller)	Form pro Comptroller Septem	escribed by General, U. S. ber 7, 1950	Puzi	C VOUCHE	R FOR I	PURCHAS	SES AN	D				
Voucher prepared at   City   Discount No.   City   State)	•.									·	<b>J</b>	
Voucher prepared at  (Give place and date)  The United States, Dr., Paye's Account No.  Edgerton, Germeshausen & Grier, Inc. (Chyone)  (City) (State)  (Address) (City) (State)  (Rener description, item runnives of contract or Federal supply on Service of Service o	U. S	Contr	acting Office (Departmen	et, bureau, or esta	blishment)			· <b></b>	-	PA	ID BY	
The United States, Dr.,  Payee's Account No.    Payee's Account No.										-0	1#	
Cont									9	202-8	U 2 1776-59	73
No. and Date of Date of Date of Date of Order    Center description, item number of contents or Federal supply schedule, and other information deemed necessary)   QUANTITY   Cost   Fer   Dollars   Cts.	To	Edgerton, (	Germeshausen		Inc.				-	COPY	10 2	
No. and Date of Date of Date of Date of Order    Center description, item number of contents or Federal supply schedule, and other information deemed necessary)   QUANTITY   Cost   Fer   Dollars   Cts.				(City)		` 	State)		_			
Discount Terms	No. and Date of			ARTICLES OF	R SERVICES	·			UNIT	PRICE	AMOUN	<u> </u>
Fixed Fee \$1,130.66  PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total   7/30 GG  I certify that the above bill is correct and just and that payment has not been received.    Continuation sheet(s) if necessary   Continuation sheet(s) if n				nd other inform	nation deeme	ed necessary)		QUANTITY	Cost	Per	Dollars	Cts.
PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total  Final   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total  (Payer must NOT use this space)  Differences  (Sign original only)  Date  Shausen & Grier, Inc.  (Signature or initials)  Controller  (Signature or initials)  Amount verified; correct for (Signature or initials)  Controller  Title			Month endi	ng 31 Jul	y 1959							
Complete Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total //30 66  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date   Shausen & Grier, Inc.			Fixed Fee								\$1,130.	66
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I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date  Shausen & Grier, Inc.  Shausen & Grier, Inc.  Controller  Controller  (Signature or initials)  Amount verified; correct for (Signature or initials)  Controller  (Signature or initials)  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  SIGN  ORIGINAL ONLY  Title  Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form												
Date  Shausen & Grier, Inc.  Shausen & Grier, Inc.  Shausen & Grier, Inc.  STA  Amount verified; correct for								ee must NO	Γ use this		1, 130	66
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Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$				Contr	oller							
† Approved for \$ †	Cont			/26/57	Reg. No.		D	ate	I	nvoice Rec'	d.	
By ORIGINAL ONLY Title  Title Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form		•	•	ount is correct as	nd proper for	payment.						
By ORIGINAL ONLY Title  Title Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	† Approved for \$.	* · · · · · · · · · · · · · · · · · · ·		eic	·N	†		(Authoriz	ed Certify	ing Officer)		***
Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Ву			ORIG	INAL	Title						
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Title					Date						
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)				ED WHEN PURCHAS	ES ARE MADE O	R SERVICES SEC	URED WITHO	OUT WRITTEN A	GREEMENT I	N ANY FORM		
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Check No. dated ,19 , for \$						f the person			(Sign origina	l only)	·	
Paid by { Check No	writing the compan	y or corporate name, and per John Smith,	as well as the capacity in Secretary", or "Treasure to approve are combine	which he signs, mer", as the case m	ust appear. I	For example:	Per					
Check No. dated ,19 , for \$   Son Treasurer of the United States in favor of payee named above.	essary; otherwise the over his official title	e approving officer v	vill sign on the line below	w "Approved for	\$	", and	Ti	tle			16—22900-	-6

Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0

# Standard Form No. Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0 Form prescribed by Comptroller General, U. S. September 7, 1950 (Gen. Rieg. No. 51, Supp. No. 11) Services Other Than Personal

CONTINUATION SHEET

-		ing_Officer (Department, bureau, or establishment)			*****	nnic=		
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVI (Enter description, item number of contract of and other information deemed		QUAN- TITY	Cost	PRICE	AMOUN Dollars	Cts.
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		rtify that the Fixed Fee cl it is proportionate to the						
		EDGERTON, GERMESHAUSEN &	GRIER, INC.					
					·			

VOUCHER #53

Voucher prepared at  (Give piace and date)  THE UNITED STATES, Dr.,  Payer's Account No.  Edgerton, Germeshausen & Grier, Inc.  (City)  (City)  (City)  (State)  (Contracting Offices  (City)  (City)  (State)  ARTICLES OR SERVICES (State)  (Contracting Contracting Contract or Federal supply contract or Service  (Contracting Contracting Contract or Federal supply contract	Contracting Officer (Department, bureau, or establishment)  (Dispartment, bureau, or establishment)  (Dispartment, bureau, or establishment)  (HE UNITED STATES, Dr., Payee's Account No.  Edgerton, Germeshausen & Crier, Inc. (Days)  (Chity)  (Chit	Standard Form Form pre Compt oller Septemb	No. 10 Approscribed by General, U.S. per 7, 1950	oved For Relea	ase 2008/12/11 : C LIC VOUCHER FOR	IA-RDP65	-00523 SES AN	R00010	001700	04-0	-1	
Contracting Officer (Department, bursan, or establishment)  Coucher prepared at  (Give piace and date)  Coucher prepared at  (Give piace and date)  Coucher prepared at  (Give piace and date)  (Fayon)  Coucher prepared at  (Address)  (Address)  (Oity)  (Coucher prepared at  (Address)  (Address)  (Oity)  (Coucher prepared at  (Address)  (Address)  (Oity)  (Coucher prepared at  (Address)  (Address)  (Coucher prepared at  (Coucher prepared at  (Address)  (Coucher prepared at  (Coucher prepared	Contracting Officer (Department, bureau, or establishment)  (Dispartment, bureau, or establishment)  (Dispartment, bureau, or establishment)  (HE UNITED STATES, Dr., Payee's Account No.  Edgerton, Germeshausen & Crier, Inc. (Days)  (Chity)  (Chit	(Gen Reg. No.	51, Supp. No. 11) bruary 20, 1952)	SE	RVICES OTHER TI	HAN PERS	ONAL	Bu	ı. Vou. No	•	54	
Counter prepared at	Coucher prepared at		Contrac	ting_Office	F		· <b></b>		- [	PA	ID BY	
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Continue   Controller   Controll	Controller   Caddress   Corner   Crayeo	oucher prep	area at		(Give place and date	)			-	Cas	1#3	
City (Payee)  (Address) (City) (State)  (Address) (City) (State)  (Address) (City) (State)  (City) (State)  (Address) (City) (State)  (Anount Person of Contract or Federal supply checkels, and other information deemed inscessary) (QUANTITY Cost   Per   Dollars	Controller (Sign original only)  Redgerton, Germeshausen & Grier, Inc.  (Address) (Oity) (State)  (Coty) (Stat	HE UNITED S	STATES, Dr.,	P	ayee's Account No					492-	8776-59	7
ARTICLES OR SERVICES  (Enter description, item number of contract or Federal supply or Service)  (Enter description, item number of contract or Federal supply piscount Terms  Month ending 31 August 1959  Direct Labor Materials & Services Travel Freight & Express Other Direct Charges Burden G & A Use continuation sheet(s) if necessary  hipped from to Weight Government B/L No.  (Sign original only)  Total  (Sign original only)  ARTICLES OR SERVICES  (Payce must NOT use this space)  Differences  (Signature or initial only)  AMOUNT  Cost Per Dollars C  Per Dollars C  1,668.13  204.02  152.12  63.12  64.02  64.02  64.02  64.02  64.02  64.02  64.02  65.13  65.13  66.12  66.12  66.12  66.12  66.12  66.12  66.12  66.12  66.12  6	ARTICLES OR SERVICES Order of Date of	o	-Edgerton,	Germeshaus	en-&-Grier,Inc.		••••			COM	1072	- Anna Anna Anna Anna Anna Anna Anna Ann
Canter description, item number of contract or Federal supply   QUANTITY   Cost   Per   Dollars   Per   Do	Control   Cont		 bA)	dress)	(City)	 3)	State)		<u>.</u>		-	
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Complete Charges    Partial	Complete   Other Direct Charges   Burden   1,244.71   307.17	VMENT.			Danas a a a							
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(Sign original only)  **Paved Ridgerton, Germeshausen & Grier, Inc.  **Alles ortificate is made by payee on attached bill or bills)  **Controller**  Controller**  Controller*  Controller*  Signature or initials  Invoice Rec'd.  **Approved for \$  Sign Original Only  Title  Only  Date  The reverse of this form must be executed when purchases are made or services Secured without written agreement in any form	(Sign original only)  Ate 9/23/59 *Paved Ridgerton, Germeshausen & Grier, Inc.    Signature of initials   Amount verified; correct for   3.7.20   Structure   Stru	certify that the	above bill is correc	t and just and that	payment has not been receiv	ed.						
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ontract No. / Project 2684 - TE2191 Date 4/26/57 Req. No. Date Invoice Rec'd.  ursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$	ontract No. / Project 2684 - TE219 Date 4/26/57 Reg. No. Date Invoice Rec'd.  ursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$				Controller			•		<u> </u>	13/20	TO I
Approved for \$ †	Approved for \$   Title   The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	men et Ne IDea	560)	mmal Olabete						nyáice Reg	'a	
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	Check Nodated, 19, for \$		No	dated	, 19,				Davee	named above.	• Oniced States in	

the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$\_\_\_\_\_\_", and over his official title.

Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0

Standard Form No. Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0
Form prescribed by Comptroller General, U. S.
September 7, 1950
(Gep. Reg. No. 51, Supp. No. 11)

Services Other Than Day

_ of Bureau		Cracting Officer Sheet No. (Department, bureau, or establishment)		U. S
UNIT PRI	QUAN- TITY	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule,	-1 Denvery	No. and Date of Order
Cost	QUAN- TITY		Delivery or Service	of Order

U. S. GOVERNMENT PRINTING OFFICE 16-62666-1

VOUCHER #54

• '	ber 7, 1950 51, Supp. No. 11) bruary 20, 1952)	SERVÍCES OTHE	: CIA-RDP65 KYK! KWKSHAP R THAN PERS					5	
<i>U. S.</i>	Contract	ing Officer	•			-	PA	ID BY	
		(Department, bureau, or establishn	ment)			1		-//	
v oucher prep	итеа ас	(Give place and	d date)			-   (	r med		
the united s	STATES, Dr.,	Payee's Account N	Vo				2pi-8	776-59	
To	Edgerton,	Germeshausen & Grier, (Payee)	Inc.			-   '	ta sini d	102	
	• <b></b>	iress) (City)		tate)		_			
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SEI (Enter description, item number of c schedule, and other information Discount Terms	contract or Federal s	ıpply	QUANTITY	UNIT	PRICE Per	AMOUN'	Cte
		Month ending 31 August	; 1959					\$372.0	1
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Da alander		rmeshausen &	ree on attached bill or bills)	Amou	nt verified;	correct for		1	0,
Contract No VPr	oject 2684	e <u>Controller</u> TE2191 Bate 4/26/57 Rec	q. No.		ature or init		nvoice Rec'	d.	
		I certify that this account is correct and pro							
	illy vested in me, i	•							
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l'itle		 IIS FORM MUST BE EXECUTED WHEN PURCHASES ARE							
	ACCOUN	NTING CLASSIFICATION (Appropriation	ı Symbol must be sh	own; othe	r classificat	ion option	al)		

Approved For Release 2008/12/11 : CIA-RDP65-00523R000100170004-0

Standard, Form No. Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0

Form prescribed by Comptroller General, U. S.

September 7, 1950

(Gen. Reg. No. 51, Supp. No. 11)

Services Other TL

No. and Date	Date of	ARTICLES OR SERVICES	OUAN-	UNIT	PRICE	AMOUNT	r
of Order	Delivery or Service	(Enter description, item number of contract or Federal supply schedul and other information deemed necessary)	e, QUAN- TITY	Cost	Per	Dollars	Cts.
		Costs thru 31 August 1959 Fixed Fee Earned (10% of above) Fixed Fee Previously Billed Amount of this Voucher				33,013. 3,301. 2,929. \$ 372.	38 37
	"I ce that	rtify that the Fixed Fee claimed is corre it is proportionate to the progress made	et and ; on the	ust; a Contra	nd et."		
		EDGERTON, GERMESHAUSEN & GRIER, INC.				ST	ΓΑΊ

Form pre Form pre Comptroller Septemb (Gen. Reg. No.	scribed L Appro				1 136	\$ 0 1 5 0 5	:3 204700	04.0		
(Gen. Reg. 110.	er 7, 1950	ved For Rela	ease 2008/12/11: C LIC YOUCHER FOR SERVICES OTHER TI	IA-RDP65 Pukchan Han dede	-00523 SES AN	BRUUU10		04-0	60	
(Amended Fe	bruary 20, 1952)	S	ENVICES OTHER II	HAIN FERS	ONAL	Bu	. Vou. No	•		
U. S	(	Contracting	g Officer ment, bureau, or establishment)				-	PA	ID BY	$\neg$
			(Give place and date						# .	
								Suct		l
THE UNI <b>TED</b> S	IAIES, Dr.,	4	Payee's Account No					200-8	776-59	
To	Edgerton,	Germeshau	sen & Grier, Inc. (Payee)	<b></b>			-   '	COM	152	
	(Add	lress)	(City)	(8	State)					
No. and Date of	Date of Delivery	(Enter descrip	ARTICLES OR SERVICE	ct or Federal s	upply	OUANTITY	UNIT	PRICE	AMOUNT	r
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		Month en	ding 30 September	1959						
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		Material: Travel	s & Services						360	178 130
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Date	9 *Payœ <u>110</u>	gervon, Ge	ermeshausen & Gri	er, Inc.		nt verified;			1 36	<u>-</u> STZ
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Contract No. Pro	Ject 2004-	TEZLYLPate	4/26/57 Req. No.		D	ate	I	nvoice Rec'	d.	
	-	•	account is correct and proper f							
† Approved for \$			SIGN	†		(Authoriz	ed Certifyi	ng Officer)		
Ву				Title						
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Approved For Release 2008/12/11 : CIA-RDP65-00523R000100170004-0

# Standard Form No. Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0 Form prescribed by Comptroller General, U. s. September 7, 1950 (Gen. Reg. No. 51, Supp. No. 11) Services Other Ti

U. S	Cont	(Department, bureau, or establishment)	Sheet No	· <u>+</u>	_ of Bure	au Vouch	er No.	<u>J</u>
No. and Date of Order	Date of Delivery	ARTICLES OR SERVICES (Enter description, item number of contract or Federa	l supply schedule,	QUAN- TITY	TINU		AMOUN	T
No. and Date of Order	Date of Delivery or Service	Direct Labor:    Month ending 9/30/59 1,09     Materials & Services     Travel 36     Other Direct Charges 1	0.50 6.78 0.39 1.07	QUANTITY				Cts 34

Septem (Gen. Reg. No	escribed by General, U. S. ber 7, 1950 51, Supp. No. 11)		<b>MOUGHE</b> R H <b>OR</b> ICES OTHER T				. 17	6	'n	
(Amended Fo	ebruary 20, 1952)	DLI (	ices offick 1	IMI I LIN	JUNAL	В	ı. Vou. No	o	<del></del>	<b>-</b>
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Voucher ores	and at		ureau, or establishment)					~~	14	
v oucher prep	oarea al		(Give place and date	<del>-</del>	<b></b>		-	مىرسا، 22	1 -6	•
THE UNITED S	STATES, Dr.,	Payee	s Account No				•	990	8776-	19
æ									11:12	<u>.</u>
10	Edgerton,	Germeshausen (	& Grier, Inc. Payee)		<b></b>					
	************************		*********************							
	(Add		(City)	<u>`</u>	State)	T			<u> </u>	
No. and Date of Order	Date of Delivery or Service	(Enter description, i	tem number of contra other information deer	ct or Federal s	upply	QUANTITY		PRICE	AMOUN	VT
		Discount Terms					Cost	Per	Dollars	Cts
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		•								
		Fixed Fee							\$246.	.16
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PAYMENT:										
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	above bill is correct	and just and that paym				ee must NO	T use this	,		-
correct that the	above bill ib correct		che mas not been receiv	cu.	Differen	ces	·			
		(Sign original only)							<u>-</u>	
Date 12/21/5	9 *Pavee Æ	dgerton. Germe	shausen & Gri	ier. Inc.						
				ached bill or bills)	Amou	int verified;	correct for	r	\$ 246	STA
			ntroller		<u> </u>	ature or init	ials) 🖳			
Contract No. Pr	oject 2684	- TE21976ate 4/2	6/57 Reg. No.			)ate	<u>I</u>	nvoice Rec'o	1.	
oursuant to author	rity vested in me, I	certify that this account	is correct and proper f	or payment.						
Approved for \$		*******		†		************				
_			SIGN				-			
Зу			ORIGINAL ONLY	Title	<del></del>					
Γitle				Date						
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Cash, \$		on	. 19	Pavee						

over his official title.

Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0

## Standard Form No. Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0 Form prescribed by Comptroller General, U. S. September 7, 1950 (Gen. Reg. No. 51, Supp. No. 11) Services Other Than Personal

. S	Contract	ing-Officer (Department, bureau, or establishment)	Sheet No.	<u>1</u>	of Bur	eau Vouci	her No	21
o. and Date of Order	Date of Delivery	ARTICLES OR SERVICES (Enter description, item number of contract or Federal	supply schedule	QUAN- TITY	UNIT	PRICE	AMOUN	T
of Order	or Service	and other information deemed necessary	y)	TITY	Cost	Per	Dollars	Cts.
		Costs thru September 1959 Fixed Fee Earned (10% of above Fixed Fee Previously Billed Amount of this Voucher	•)				35,475, 3,547, 3,301, \$ 246.	54 38
	and a	rtify that the Fixed Fee claimed that it is proportionate to the pract."	is correct rogress ma	and j de on	ust; the			
		EDGERTON, GERMESHAUXEN & GR	IER, INC.					
		Co Co	ntroller					S
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Standard Form Form pro	Approv	ed For Release 2008/12/11 ; Cl.	A-RDP65-	00523F	R000100	)1700( 	)4-0 No		
Septer (Gen, Reg. No. (Amended Fo	Economic U.S. Ber 7, 1950 51, Supp. No. 11) ebruary 20, 1952)	SERVICES OTHER T						<u> </u>	
U. S	Contrac	ting Officer					····	(Automotive Control	
		(Department, bureau, or establishment)					PA	AID BY	
Voucher prep	oared at	(Give place and dat	e)						Į
THE UNITED S	STATES, Dr.,	Payee's Account No.					Cres	/# F	
$T_{0}$	Edgerton	Germeshausen & Grier, Inc					400-	8176-57	9
		(Payee)	A				*.C., ,	1 2	
	bA)	dress) (City)	(1	State)					
No. and Date of	Date of Delivery	ARTICLES OR SERVIC (Enter description, item number of contr.	act or Federal s	upply	OHATTITY	UNIT	PRICE	AMOUN	٧T
Order	or Service	schedule, and other information dee Discount Terms	med necessary)	) 	QUANTITY	Cost	Per	Dollars	Cts.
		Month ending 31 October 1	959						
		Direct Labor						1,100.	.β5
		Travel						17.	
		Burden G & A						795	L
PAYMENT:									42
Complete Partial									
Final		Use continuation sheet(s) if ne	Cegsary						
Shipped from		o Weight	Government l	·			Total	\$2,085.	.94
I certify that the a	above bill is correc	and just and that payment has not been receive	red.		e must NO		• ,		
		(Sign original only)						·	
30/02/5		es,		ļ					
Date 12/21/5	9 *Payee <b>£4</b>	gerton, Germeshausen & Grie	er_Inc					2.089	\
		itle Controller			nt verified; ture or initi				λΙΆΙ
Contract No.	roject <b>/2</b> 681	-TE2191Date 4/26/57 Reg. No			ate		Invoice Rec'		
Pursuant to author	rity vested in me, l	certify that this account is correct and proper	for payment.			_		3	
† Approved for \$			†						_
<b>.</b>		SIGN							
Ву		ORIGINAL ONLY	Title						
Title			Date						
	THE REVERSE OF TH	IS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE	OR SERVICES SEC	URED WITHOU	UT WRITTEN A	GREEMENT	IN ANY FORM		,
	ACCOU	ITING CLASSIFICATION (Appropriation Sym	bol must be sh	own; othe	r classificati	ion option	nal)		
	•								
		to the second se							
	EC L	DEC 23 32 P						`	
(Charle N			£ ¢			, -		T-1-10	
Paid by Cash. \$_	10	dated, 19, 19, 19	Day			payee :	asurer of the t named above.	onted States in fi	avor of
			of the person						
writing the company 'John Doe Company † If the ability to ce	or corporate name, a y, per John Smith, S ertify and authority	in the name of a company or corporation, the name s well as the capacity in which he signs, must appear. ecretary", or "Treasurer", as the case may be. to approve are combined in one person, one signature	For example:	Tit					**

over his official title.

Approved For Release 2008/12/11 : CIA-RDP65-00523R000100170004-0

Standard Form No. 1035 7 GAO 5030 1035-104

### Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0 Services Other Than Personal

o. and Date		ARTICLES OR SERVIC	Sheet No			PRICE	AMOUNT
of Order	Date of Delivery or Service	(Enter description, item number of contract or and other information deemed	Federal supply schedule, necessary)	QUAN- TITY	Cost	Per	AMOUNT
		Direct Labor					
		Month ending 10/31/59	1,100,85				
		Total Direct Labor Travel	1,100.85 1,100.85				
		*Burden	17.74 795.12				
		Total Direct Costs G & A	***************************************				1,913
		Total Direct Costs @ 9%					172
		*Burden		_			\$2,085
October	Non Pre	mium Direct Labor 993.90 @ 8	30% \$795.12			i	
	ł						
				ļ			
I							

Form pro-	escribed by General, U.S.	ed For Releas	se 2008/12/11 : Cl. LIC VOUCHER FOR	A-RDP65-	00523F	R000100	17000	4-0		
Gen. Reg. No.	ber 7, 1950 , 51, Supp. No. 11) abruary 20, 1952)	SE	RVICES OTHER T	HAN PER	SONAL	Bu	ı. Vou. No	. 65		
•							-		( prosection )	
U. S	Cc	ontracting C	officer ent, bureau, or establishment)					PA	ID BŸ	ĺ
Voucher tret	pared at							Co	1# 1A	
v outlier prep	, a , c a c		(Give place and dat	:e)			·-	ane:	, ,,	_
THE UNITED S	STATES, Dr.,	P	ayee's Account No.					upb.	8776-0	7
To	Edgerto	on, Germesha	usen & Grier, ]	Inc.		<b>-</b>			12	•
	(Ad	dress)	(City)	(	State)	<b></b>	Ц			
N I D (	D	(Enter descript	ARTICLES OR SERVIC				UNIT	PRICE	AMOUN	T
No. and Date of Order	Date of Delivery or Service	schedule, Discount Terms	and other information dec	emed necessary	) 	QUANTITY	Cost	Per	Dollars	C12.
		Month endi	ing 31 October :	1959					\$208	•59
PAYMENT:  Complete  Partial  Final			se continuation sheet(s) if n	ecessary						, man (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Shipped from		to	Weight	Government				Total		-
I certify that the	above bill is correc	t and just and that	payment has not been recei	ved.	(Pay	ee must NO	T use this	space)		_
·					Differen	ces			, 	
		(Sign original on	ıy)							-
D. 12/21/5	9 *p F(d)	gerton. Germ	meshausen & Gri	er Inc						
Date	Z Tavee H	342 3423	like certificate is made by payee on a  Controller	ttached bill or bills)	Amo	unt verified; ature or init	correct for	r	_ <u>_</u> STAT	59
Contract No.	Project 26	84 -TE2191te	4/26/57 Reg. No			Date		nvoice Rec'		
		V	count is correct and proper	for payment.						
† Approved for \$ .			SIGN	†		(Authoriz	ed Certifyi	ing Officer)		
Ву			ORIGINAL ONLY	Title	<del></del>				<del></del>	
Title									· 	
			UTED WHEN PURCHASES ARE MAD						· · · · · · · · · · · · · · · · · · ·	
	ACCOU	NTING CLASSIFIC	ATION (Appropriation Syn	nbol must be sl	nown; oth	er classificat	ion optior	nal)		
									*	
Paid by Check 1	No	dated	, 19	., for \$			on Tre	asurer of the Unamed above.	Jnited States in i	avor of
Cash, \$			, 19				(Sign origina	d only)		
*When a voucher writing the company	is signed or receipte	d in the name of a con as well as the capacity	pany or corporation, the nan	ne of the person	Per					
"John Doe Compar † If the ability to essary; otherwise th	ny, per John Smith, certify and authority se approving officer v	Secretary", or "Treast to approve are combin vill sign on the line bel	apany or corporation, the nan in which he signs, must appear irer", as the case may be. aed in one person, one signat- low "Approved for \$	are only is nec-	т	itle				
over his official title			se 2008/12/11 : Cl.						16-2290	<b>ს</b> -ნ

### Approved For Release 2008/12/11 : CIA-RDP65-00523R000100170004-0 Standard Form No. 1035 7 GAD 5030 1035-104 Purchases and Services Other Than Personal

	(Department, Dureau, or establishment)		ı ———	-	
Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal su and other information deemed necessary)	opply schedule, QUAN-	Cost	PRICE Per	AMOUNT
	Costs thru October 1959 Fixed Fee Earned (10% of above) Fixed Fee Previously Billed Amount of this Voucher				37,561.3 3,756.1 3,547.5 \$ 208.5
and	that it is proportionate to the	is correct and progress made on	just; the		
	1133			STA	AT
				3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Delivery or Service	Costs thru October 1959 Fixed Fee Earned (10% of above) Fixed Fee Previously Billed Amount of this Voucher  "I certify that the Fixed Fee claimed and that it is proportionate to the Contract."  EDGERTON, GERMESHAUSEN & GRIER	Date of Delivery or Service  ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Costs thru October 1959 Fixed Fee Earned (10% of above) Fixed Fee Previously Billed Amount of this Voucher  *I certify that the Fixed Fee claimed is correct and and that it is proportionate to the progress made or	Date of Delivery or Service  (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Costs thru October 1959 Fixed Fee Earned (10% of above) Fixed Fee Previously Billed Amount of this Voucher  "I certify that the Fixed Fee claimed is correct and just; and that it is proportionate to the progress made on the Contract."  EDGERTON, GERMESHAUSEN & GRIER, INC.	Date of Delivery or Service  ARTICLES OR SERVICES  (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Costs thru October 1959  Fixed Fee Earned (10% of above)  Fixed Fee Previously Billed  Amount of this Voucher  "I certify that the Fixed Fee claimed is correct and that it is proportionate to the progress made on the Contract."  EDGERTON, GERMESHAUSEN & GRIER, INC.

Comparison County   1, 2, 2, 2, 1, 2, 1, 2, 2, 1, 2, 3, 1, 3, 3, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	SERVICES OTHER THAN PERSONAL  SERVICES OTHER THAN PERSONAL  D. (Gene Reg & El Supp. No. 11)  Campaigned Various 25, 1869.  Contracting Officer (Department, furnau, or establishment)  Voucher prepared at  (Give place and date)  THE UNITED STATES, Dr.,  Pages's Account No.  To	•	Approv	ed For Rele	ase 2008/12/11 :	CIA-RDP65-	005231	R000100	017000	04-0		
U.S. Contracting Officer (Department, bureau, or establishment)  Voucher prepared at (City place and date)  THE UNITED STATES, Dr., Paye's Account No.  To	U. S. Contracting. Officer (Department, bureau, or establishment)  Voucher prepared at (Give place and date)  THE UNITED STATES, Dr., Payee's Account No.  To	Form presci	ribed by		LIC VOUCHER F	OR PURCHAS	SES AN	017	Ų. vou.	NO•		
The United States, Dr.,  Payee's Account No.  City   States    Controller   Controller   Controller    Controller   Controller	The United States, Dr.,  Payer's Account No  To	., .										
The United States, Dr.,  Payee's Account No.  To	The United States, Dr.,  Payer's Account No  To	<i>U. S.</i>	C	ontracting (Depart	Officer ment, bureau, or establishm	ent)			-	PAI	D BY	
THE UNITED STATES, Dr.,  Payes a Account No.  (Payee)  (Controller)  (Co	THE UNITED STATES, Dr.,  Payer's Account No.  To Edgerton, Germeshausen & Grier, Inc.  (Address)  (City)  (City)  (State)  (City)  (City)  (State)  No. and Date of Delivery Service  No. and Date of Delivery Service  (Conter description, item number of contract or Federal supply schedule, and other information desmed necessary)  Month ending 30 November 1959  Direct Labor Travel  Burden  G & A  PAYMENT:  Complete   Burden  G & A  Complete   Controller  (City)  Differences  (Controller  Controller  Controller  Controller  Controller  Controller  Controller  SIGN  ONLY  Title  Date  The reverse for this form must not seemed and cases and cases)  (Sign officer)  (Cast Per Dollars Controller  Cost Per Dollars Controller  (Payee must NOT use this space)  Differences  (Sign ariginal only)  Amount verified; correct for 9449  STAT  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  Amount verified; correct for 9449  Amount verified; correct for STAT  The reverse of this form must seemed and proper for payment.  Table ONLY  Title  Date  The reverse of this form must see elecuted when purchases are made on searning sections without waitten agreement in any form  The reverse of this form must see elecuted when purchases are made on searning sections without waitten agreement in any form  The reverse of this form must see elecuted when on searning sections without waitten agreement in any form  The reverse of this form must see elecuted when on searning sections without waitten agreement in any form  The reverse of this form must see elecuted when on searning sections without waitten agreement in any form  The reverse of this form must see elecuted when on searning sections without waitten agreement in any form  The reverse of this form must see elecuted when on searning sections without waitten agreement in any form  The reverse of the form of the reverse of th									mel	14/	ŀ
To	To Edgerton, Germeshausen & Grier, Inc.  (Caddress) (City) (State)    Cost   Date of Dalivery   Center description, items number of contract OF Federal supply schedule, and other information deemed necessary)   QUANTITY   Cost   Per   Dollars   Cts									202-9	76-59	
Contract   No. and Date of Date of Delivery or Services   Center description   Center descr	Contract   Complete   Partial   Final   Use continuation sheet(s) if necessary   Final   Final   Use continuation sheet(s) if necessary   Final   Final   Final   Final   Use continuation sheet(s) if necessary   Final   Final   Final   Final   Final   Final   Use continuation sheet(s) if necessary   Final	THE UNITED ST	Ales, Dr.,		Payee's Account IV	0			/		. 2	ĺ
No. and Date of Date of Dalvery or Service    No. and Date of Date of Dalvery or Service	ARTICLES OR SERVICES  Order  ARTICLES OR SERVICES  (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Discount Terms  Month ending 30 November 1959  Direct Labor Travel Burden G & A  PAYMENT:  Complete Partial  Partial  Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No.  Total  Spi49 9  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  The action of the certification is noted by mayor or standard bill or ballow  as like certificates in node by mayor or standard bill or ballow  Controller  (Signature or initial)  The reverse of this form must be executed when purchases are made on services secured without written agreement in any form  Title  Date  The reverse of this form must be executed when purchases are made on services secured without written agreement in any form	To	Edgerton,	Germeshau	sen & Grier, I	nc.		<del></del>		,	-	
No. and Date of Delivery or Service   Cinter description, item number of contract or Federal aupply   QUANTITY   Cost   Per   Dollars   C	Center description, item number of contract or Federal supply of Service   Cost   Per   Dollars   Cost   Per   D		(Add	iress)	(City)	(8	State)					!
Order   Orde	Month ending 30 November 1959  Direct Labor Travel Sunden G & A Shipped from to Weight Government B/L No. Total \$949 9  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Direct Labor Travel Shipped from to Weight Government B/L No. Total \$949 9  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Differences  Contract No. Signature or initials)  Contract No. Date Invoice Rec'd.  STAT  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  SIGN ORIGINAL ONLY  Date  The reverse of this form must be executed when furchases are made on services Secured without written agreement in any form  Title Date  The reverse of this form must be executed when furchases are made on services Secured without written agreement in any form	No and Date of L	Oate of Delivery	(Enter descri	ARTICLES OR SER	VICES entract or Federal s	upply	C. L.	UNIT	PRICE	AMOUN'	T
Direct Labor Travel Burden G & A    PAYMENT:   Complete   Partial   Use continuation sheet(s) if necessary   Shipped from to Weight Government B/L No.   Total   \$949	Direct Labor Travel Burden G & A    PAYMENT:   Complete   Partial   Use continuation sheet(s) if necessary   Shipped from to Weight Government B/L No.   Total   \$949 9 9     I certify that the above bill is correct and just and that payment has not been received.   (Sign original only)   Oliferences   Olifere			schedu	le, and other information	deemed necessary)		QUANTITY	Cost	Per	Dollars	Cts.
PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$949 •  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Differences  (Sign original only)  Controller  Controller  Amount verified; correct for 949 9  Controller  (Signature or initials)  Controller  Amount verified; correct for 949 9  Controller  STAT=  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  SIGN  ORIGINAL  ONLY  Title  Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	PAYMENT:  Complete   Dartial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$949 9  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)    Controller   Controller			Month en	ding 30 Novemb	er 1959						
Burden  G & A  Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total  Final Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total  (Sign original only)  Total \$949 •  Contract no. (Sign original only)  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Burden  G & A  Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No.  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Differences  (Sign original only)  Manual to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  SIGN  ORIGINAL  ONLY  Title  Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM				abor							
PAYMENT:    Complete	PAYMENT:  Complete Partial  Final  Use continuation sheet(s) if necessary  Shipped from  to  Weight  Government B/L No.  Total  \$949  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Contract no.  (Sign original only)  The alike certificate in made by payer on attached bill or billio  Amount verified; correct for Contract no.  Contract no.  Contract no.  SIGN  ORIGINAL ONLY  Title  Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form						,					
Date	Description			20							_	
Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$949 \$  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Differences Dif	Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$949 9  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Differences Dif	_		•								
Shipped from to Weight Government B/L No. Total \$949 .  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Differences  (Sign original only)  Controller  Controller  Controller  Controller  (Signature or initials)  Fursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  SIGN  ORIGINAL ONLY  Title  Date  The reverse of this form must be executed when purchases are made or services secured without written accement in any form	Shipped from to Weight Government B/L No. Total \$949 9  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Differences  (Sign original only)  Controller  Controller  (Signature or initials)  Amount verified; correct for (Signature or initials)  Controller  (Authorized Certifying Officer)  By ORIGINAL ONLY  Title  Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form											
Shipped from to Weight Government B/L No. Total \$949 Cretify that the above bill is correct and just and that payment has not been received.  (Sign original only)    Controller   Controll	Shipped from to Weight Government B/L No. Total \$949 9  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Differences  (Sign original only)  Controller  Controller  Controller  Controller  (Signature or initials)  Fursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  SIGN  ORIGINAL ONLY  Title  Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	= =			Use continuation sheet(s)	if necessary						
Controller    Controller   Cont	Controller   Con	Shipped from	t	:0				1			\$949	.91
(Sign original only)  Description of the certificate is made by payes on attached bill or bills)  Controller  Controller  Controller  Controller  Controller  (Signature or initials)  Fursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  SIGN  ORIGINAL  ONLY  Title  Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	(Sign original only)  Descriptions is made by payee on attached bilt or bilts)  Controller	I certify that the ab	ove bill is correct	t and just and tha	at payment has not been r	eceived.	(Pay	ee must NO	T use this	space)		
Description of the control of the co	Demirace No.   STAT   Pursuant to authority vested in me, I certify that this account is correct and proper for payment.			(Sign original	only)							
Controller  Controller  Controller  Controller  Controller  Signature or initials)  Fursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  SIGN  ORIGINAL  ONLY  Title  Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Amount verified; correct for	D 10/01/50	ំ /ភិគ	martan Aa	meshausen & G	rier, Inc.			_			-
Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$	Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$				en a like certificate is made by paye	e on attached bill or bills)					949	91
Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$	Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$				1.106107	<del></del>	(Sign	ature or init				
† Approved for \$	† Approved for \$ †	Contract 140.	<del></del>	- Pai	20/51 Req	j. No.	E	ate		Invoice Rec'o	STA	T==
By SIGN ORIGINAL ONLY Title  Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	By SIGN ORIGINAL ONLY Title  Title Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Pursuant to authorit	y vested in me,	I certify that this	account is correct and pro	per for payment.						
By SIGN ORIGINAL ONLY Title  Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	By SIGN ORIGINAL ONLY Title  Title Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	† Approved for \$				†		(Authoris	red Certify	ing Officer)		
Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Title	_										
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Ву				litle						
		Title				Date						<b>-</b>
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)		THE REVERSE OF TH	HIS FORM MUST BE EX	ECUTED WHEN PURCHASES ARE	MADE OR SERVICES SEC	URED WITH	OUT WRITTEN A	GREEMENT	IN ANY FORM		
Account med CLADDI Text ton (Appropriation Symbol medic be shown, other classification optional)	ACCOUNTING CERSSIA TEATTON (Appropriation Symbol must be shown, other classification optional)		ACCOU	NTING CLASSIE	ICATION (Appropriation	Symbol must be sk	own: oth	er classificat	ion ontic	nal)		
			ACCOU	NTING CLASSIF	ICATION (Appropriation	Symbol must be sr	iown; otn	er classificat	on optio	nai)		
			69. H	1 2 E ES	) 3 <b>[</b> ]							
DEC 23 33 PM '59	05° M9 25 S 33 DEC 23 35 PM '59		D	dated	, 19	, for \$				easurer of the U	Inited States in f	avor of
Check Nodated, 19, for \$	Check No dated, 19, for \$	Check No							(24)			
Check No	Check No	Paid by		, on	, 19	Payee			105			
Paid by Check No	Paid by { Check No	Cash, \$		, on								
Paid by { Check No	Check No	Cash, \$		, on								

Standard Form No. 1035 7 GAO 5030 1035-404

### Puse Voucher for Purchases and Services Other Than Personal

U. S	COULCE	acting Officer Shee (Department, bureau, or establishment)	L 1NO <del></del>	or Dure	au vouch	er No. <u>68</u>
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply sched and other information deemed necessary)	ule, QUAN-	UNIT	PRICE	AMOUNT
Novem		Direct Labor:  Month ending 11/30/59 Total Direct Labor Travel *Burden Total Direct Costs G & A Total Direct Costs @ 9%  *Burden: Premium Direct Labor 150.76 @ 80% \$120.65	56 31 51	Cust		871.48 78.43 \$949.91

Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0

Form prescribed by Comptroller General, U. S.

Comptroller General, U. S.

Ciefn. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

SERVICES OTHER THAN PERSONAL

Bu. Vol. No. Bu. Vou. No. ......69 U.S. Contracting Officer PAID BY (Department, bureau, or establishment) Voucher prepared at \_\_\_\_\_\_(Give place and date) Payee's Account No. .... THE UNITED STATES, Dr., To \_\_\_\_\_ Edgerton, Germeshausen & Grier, Inc. (Address) (City) ARTICLES OR SERVICES
(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) UNIT PRICE **AMOUNT** Date of Delivery or Service No. and Date of Order QUANTITY Cost Dollars Discount Terms ending 30 November 1959 Month \$94.99 Fixed Fee PAYMENT: Complete Partial Final Use continuation sheet(s) if necessary Shipped from Government B/L No. Total (Payee must NOT use this space) I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 12/21/59 \*Payee (Edgerton, Germeshausen & Grier, Amount verified; correct for Controller (Signature or initials) Contract No. Froject 2684 -TE2191 Date 4/26/57 Invoice Rec'd. Req. No. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ \_\_\_\_\_ (Authorized Certifying Officer) SIGN ORIGINAL ONLY THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) DEC 53 3 35 PM 29 on Treasurer of the United States in favor of payee named above. Check No. ----dated \_\_\_\_\_, 19\_\_\_, for \$\_\_\_\_\_ Paid by Payee Lai. \*When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$.......", and over his official title. Approved For Release 2008/12/11: CIA-RDP65-00523R000100170004-0

Standard Form No. 1035 7 GAO 5030 20035-104

### Purchases purcha

U. S	C	Ontracting Officer Sheet No (Department, bureau, or establishment)	o1	of Bur	eau Vouc	her No. <u>69</u>
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES  (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT	PRICE	AMOUNT
		Costs thru November 1959 Fixed Fee Earned (10% of above) Fixed Fee Previously Billed Amount of this Voucher		Cost	Per	38,511.21 3,851.12 3,756.13 \$ 94.99
	and	ertify that the Fixed Fee claimed is correcthat it is proportionate to the progress mact."	t and ade on	just; the		
		EDGERTON, GERMESHAUSEN & GRIER, INC.				STAT